

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09-35679

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		/				61			
2	/		/				62			
3	2		/				63			
4	2		/				64			
5	(D)		/				65			
6	/		/				66			
7	/		/				67			
8	/		/				68			
9	(D)		/				69			
10	(D)		/				70			
11	(D)		/				71			
12	(D)		/				72			
13	/		/				73			
14	/		/				74			
15	2		/				75			
16	(D)		/				76			
17							77			
18							78			
19							79			
20							80			
21							81			
22							82			
23					!		83			
24							84			
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27							87			
28							88			
29							89			
30							90			
31							91			
32							92			
33							93			
34							94			
35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41							TOTAL IND.			
42							TOTAL DEP.			
43							TOTAL CLAIMS			
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	5		5							
TOTAL DEP.	14		11							
TOTAL CLAIMS	19		16							

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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